## PATENT APPLICATION FEE DETERMINATION REPORT

fective December 8, 2004

Application or Docket Number 10 /536639

| CLAIMS AS FILED - PART I  |  |   |   |  |                     |                                  |              | SMALL ENTITY           |         | OTHER THAN                 |                        |
|---|--|---|---|--|---------------------|----------------------------------|--------------|------------------------|---------|----------------------------|------------------------|
| (Column 1)  |  |   |   |  |                     | (Column 2)                       | TYPE         |                        | OR<br>— | SMALL                      | ENTITY                 |
| U.S. NATIONAL STAGE FEES  |  |   |   |  |                     |                                  | RATE         | FEE                    |         | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150   |  | LARGE ENT. = \$ 300 |                                  | BASIC FEE    |                        | OR      | BASIC FEE                  | 360                    |
| EXAMINATION FEE   |  |   | Satisfies PCT<br>(4) = \$   |  |                     | ther situations = 100 / \$ 200   | EXAM. FEE    |                        |         | EXAM. FEE                  | 2(8)                   |
| SE  | ARCH FEE                                       |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |  |                     | ther situations = 5 250 / \$ 500 | SEARCH F     | E€                     |         | SEARCH FEE                 | 400                    |
| FE  | FOR EXTRA                                      | SPEC. PGS.                                      | minus 100 =   |  | <u> </u>            | / 50 =                           | X \$ 125     | =                      |         | X \$ 250 =                 |                        |
| το:   | TAL CHARGEA                                    | BLE CLAIMS                                      | / minus 20 = .  |  | •                   |                                  | X \$ 25      | =                      | OR      | X \$ 50 =                  |                        |
| IND   | EPENDENT C                                     | AIMS  | 17  | minus 3 =                                    | *                   |                                  | X \$ 100     | =                      | OR      | X \$ 200 =                 |                        |
| MU  | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT   |  |                     |                                  | + \$ 180     | =                      | OR      | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |  |                     |                                  | TOTAL        |                        | OR      | TOTAL                      | Ĺ                      |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |  |                     |                                  | SMALL ENTITY |                        | OR      | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGHE<br>NUME<br>PREVIO<br>PAID F            | BER<br>USLY         | PRESENT<br>EXTRA                 | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus   | **   |                     | =                                | X \$ 25 =    | :                      | OR      | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus   | ***  |                     | =                                | X \$ 100     | =                      | OR      | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                     |                                  | + \$ 180     |                        | OR      | + \$ 360 =                 |                        |
| TOTAL ADDIT.<br>FEE   |  |   |   |  |                     |                                  |              | п.                     | OR      | TOTAL ADDIT.<br>FEE        | <u> </u>               |
|   |  |   |   |  |                     |                                  |              |                        |         |                            |                        |
| <b>ТВ</b>   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Colum<br>HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY    | (Column 3) PRESENT EXTRA         | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B   | Total  | •   | Minus   | **   |                     | =                                | X \$ 25 =    |                        | OR      | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus   | ***  |                     | =                                | X \$ 100     | =                      | OR      | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |   |  | LAIM                |                                  | + \$ 180 =   | _1                     | OR      | + \$ 360 =                 |                        |
|   |  |   |   |  |                     |                                  |              | П.                     | OR      | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |  |                     |                                  |              |                        |         |                            |                        |